

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

NO. 99-763141
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5		①		/		
6		①		/		
7		①		/		
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TOTAL IND.	5		5			
TOTAL DEP.	7		6			
TOTAL CLAIMS	12		11			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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